



TELEPHONE 278-8604

TOWN OF UXBRIDGE

## BOARD OF HEALTH

TOWN HALL

21 SOUTH MAIN STREET

UXBRIDGE, MASSACHUSETTS 01569

Permit No. \_\_\_\_\_

Date: \_\_\_\_\_

### APPLICATION FOR LICENSE TO OPERATE AN ACCREDITED BATHING BEACH

Name of Bathing Beach: \_\_\_\_\_

Location: \_\_\_\_\_

Telephone Number at Beach: \_\_\_\_\_

Type: PUBLIC or SEMI-PUBLIC      Hours of Operation: \_\_\_\_\_

Estimated Average Daily Attendance: \_\_\_\_\_

Duration of Season: \_\_\_\_\_

#### OPERATOR/ OWNER INFORMATION:

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

#### LABORATORY INFORMATION:

Name and Address of Lab to be used for Water Sampling: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

In accordance with the State Sanitary Code, Chapter VII: Minimum Standards for Bathing Beaches 105 CMR 445.000, specifically 105 CMR 445.03(5), I acknowledge the requirement that laboratory testing of water quality shall be conducted prior to the opening of the bathing beach and at least twice monthly during the bathing season. It is further acknowledged that these results are required to be submitted to the Uxbridge Board of Health and that a coliform count greater than 1000/100ml shall be considered as a guide requiring additional investigation, survey or special analyses as may be necessary.

\_\_\_\_\_  
Signature of Operator/Owner

\_\_\_\_\_  
Date